Principles of Medical Ethics of the American Medical Association

Adopted by the House of Delegates at Atlantic City, N. J., June 4, 1912

CHAPTER I
The Duties of Physicians to Their Patients

THE PHYSICIAN'S RESPONSIBILITY

SECTION 1.—A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals.

PATIENCE, DELICACY AND SECRECY

Sec. 2.—Patience and delicacy should characterize all the acts of a physician. The confidences concerning individual or domestic life entrusted by a patient to a physician and the defects of disposition or flaws of character observed in patients during medical attendance should be held as a trust and should never be revealed except when imperatively required by the laws of the state. There are occasions, however, when a physician must determine whether or not his duty to society requires him to take definite action to protect a healthy individual from becoming infected, because the physician has knowledge, obtained through the confidences entrusted to him as a physician, of a communicable disease to which the healthy individual is about to be exposed. In such a case, the physician should act as he would desire another to act toward one of his own family under like circumstances. Before he determines his course, the physician should know the civil law of his commonwealth concerning privileged communications.

PROGNOSIS

Sec. 3.—A physician should give timely notice of dangerous manifestations of the disease to the friends of the patient. He should neither exaggerate nor minimize the gravity of the patient’s condition. He should assure himself that the patient or his friends have such knowledge of the patient’s condition as will serve the best interests of the patient and the family.

PATIENTS MUST NOT BE NEGLECTED

Sec. 4.—A physician is free to choose whom he will serve. He should, however, always respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken a case, a physician should not abandon or neglect the patient because the disease is deemed incurable; nor
should he withdraw from the case for any reason until a sufficient notice of a desire to be released has been given by the patient or his friends to make it possible for them to secure another medical attendant.

CHAPTER II
The Duties of Physicians to Each Other and to the Profession at Large

ARTICLE I.—DUTIES TO THE PROFESSION

UPHOLD HONOR OF PROFESSION

SECTION 1.—The obligation assumed on entering the profession requires the physician to comport himself as a gentleman and to uphold the dignity and honor of his vocation, to exalt its standards and to extend its sphere of usefulness. A physician should not base his practice on an exclusive dogma or sectarian system, for “sects are implacable despots; to accept their thraldom is to take away all liberty from one’s action and thought.” (Nicom, father of Galen.)

DUTY OF MEDICAL SOCIETIES

SEC. 2.—In order that the dignity and honor of the medical profession may be upheld, its standards exalted, its sphere of usefulness extended, and the advancement of medical science promoted, a physician should associate himself with medical societies and contribute his time, energy and means in order that these societies may represent the ideals of the profession.

DEPORTMENT

SEC. 3.—A physician should be “an upright man, instructed in the art of healing.” Consequently, he must keep himself pure in character and consonant to a high standard of morals, and must be diligent and conscientious in his studies. “He should also be modest, sober, patient, prompt to do his whole duty without anxiety; pious without going so far as superstition, conducting himself with propriety in his profession and in all the actions of his life.” (Hippocrates.)

ADVERTISING

SEC. 4.—Solicitation of patients by circulars or advertisements, or by personal communications or interviews, not warranted by personal relations, is unprofessional. It is equally unprofessional to procure patients by indirect through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self-laudations defy the traditions and lower the tone of any profession and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom, and sometimes of convenience, is not per se improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.

It is unprofessional to promise radical cures; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of diseases; or to employ any methods to gain the attention of the public for the purpose of obtaining patients.

PATENTS AND PERQUISITES

SEC. 5.—It is unprofessional to receive remuneration from patents for surgical instruments or medicines; to accept rebates on prescriptions or surgical appliances, or perquisites from attendants who aid in the care of patients.

MEDICAL LAWS—SECRET REMEDIES

SEC. 6.—It is unprofessional for a physician to assist unqualified persons to evade legal restrictions governing the practice of medicine; it is equally unethical to prescribe or dispense secret medicines or other secret remedial agents, or manufacture or promote their use in any way.

SAFEGUARDING THE PROFESSION

SEC. 7.—Physicians should expose without fear or favor, before the proper medical or legal tribunals, corrupt or dishonest conduct of members of the profession. Every physician should aid in safeguarding the profession against the admission to its
ranks of those who are unfit or unqualified because deficient either in moral character or education.

ARTICLE II.—PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER

PHYSICIANS DEPENDENT ON EACH OTHER

Section 1.—Experience teaches that it is unwise for a physician to treat members of his own family or himself. Consequently, a physician should always cheerfully and gratuitously respond with his professional services to the call of any physician practicing in his vicinity, or of the immediate family dependents of physicians.

COMPENSATION FOR EXPENSES

Sec. 2.—When a physician from a distance is called on to advise another physician or one of his family dependents, and the physician to whom the service is rendered is in easy financial circumstances, a compensation that will at least meet the traveling expenses of the visiting physician should be proffered. When such a service requires an absence from the accustomed field of professional work of the visitor that might reasonably be expected to entail a pecuniary loss, such loss should, in part at least, be provided for in the compensation offered.

ONE PHYSICIAN TO TAKE CHARGE

Sec. 3.—When a physician or a member of his dependent family is seriously ill, he or his family should select a physician from among his neighboring colleagues to take charge of the case. Other physicians may be associated in the care of the patient as consultants.

ARTICLE III.—DUTIES OF PHYSICIAN IN CONSULTATIONS

CONSULTATIONS SHOULD BE REQUIRED

Section 1.—In serious illness, especially in doubtful or difficult conditions, the physician should request consultations.

CONSULTATION FOR PATIENT'S BENEFIT

Sec. 2.—In every consultation, the benefit to be derived by the patient is of first importance. All the physicians interested in the case should be frank and candid with the patient and his family. There never is occasion for insincerity, rivalry or envy and these should never be permitted between consultants.

PUNCTUALITY

Sec. 3.—It is the duty of a physician, particularly in the instance of a consultation, to be punctual in attendance. When, however, the consultant or the physician in charge is unavoidably delayed, the one who first arrives should wait for the other for a reasonable time, after which the consultation should be considered postponed. When the consultant has come from a distance, or when for any reason it will be difficult to meet the physician in charge at another time, or if the case is urgent, or if it be the desire of the patient, he may examine the patient and mail his written opinion, or see that it is delivered under seal, to the physician who has observed the cause of the disease.

PATIENT REFERRED TO SPECIALIST

Sec. 4.—When a patient is sent to one specially skilled in the care of the condition from which he is thought to be suffering, and for any reason it is impracticable for the physician in charge of the case in which to accompany the patient, the physician in charge should send to the consultant by mail, or in the care of the patient under seal, a history of the case, together with the physician's opinion and an outline of the treatment, or so much of this as may possibly be of service to the consultant; and as soon as possible after the case has been seen and studied, the consultant should address the physician in charge and advise him of the results of the consultant's investigation of the case. Both these opinions are confidential and must be so regarded by the consultant and by the physician in charge.

DISCUSSIONS IN CONSULTATION

Sec. 5.—After the physicians called in consultation have completed their investigations of the case, they may meet by themselves to discuss conditions and determine the course to be followed in the treatment of the patient. No statement or discussion of the case should take place before the patient or friends, except in the presence of all the physicians attending, or by their common consent; and no opinions should be deleg of the deliberations of the case to which the patient has not been consented.

ATTENDING PHYSICIAN R

Sec. 6.—The physician in charge of the case and is the attend of the patient. The physician may prescribe for the patient except when the patient is in the emergency and the attending physician at the time of the patient and the attending physician is warranted. However, the attending physician should.state the cause of his order and the patient should be advised of this without the consent of the attending physician.

CONFLICT OF OPINION

Sec. 7.—Should the attending physician and the consultant find they agree in their view of a case or a consultant should be called to aid. However, since the consultant by the patient in order to be obtained, he should state the result of his consultation to the patient, or his next of kin or the patient in charge.

CONSULTANT AND ATTENDING PHYSICIAN

Sec. 8.—When a patient has a case as a consultant, he should become the attendant of the patient and treat that illness except with the consent of the physician who was in charge of the consultation.

ARTICLE IV.—DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE

CRITICISM TO BE

Section 1.—The physician attending a patient and the other physician, should observe caution and reserve; she
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**Attending Physician Responsible**

Sec. 6.—The physician in attendance is in charge of the case and is responsible for the treatment of the patient. Consequently, he may prescribe for the patient at any time and is privileged to vary the mode of treatment outlined and agreed on at a consultation whenever, in his opinion, such a change is warranted. However, at the next consultation, he should state his reasons for departing from the course decided on at the previous conference. When an emergency occurs during the absence of the attending physician, a consultant may provide for the emergency and the subsequent care of the patient until the arrival of the physician in charge, but should do no more than this without the consent of the physician in charge.

**Conflict of Opinion**

Sec. 7.—Should the attending physician and the consultant find it impossible to agree in their view of a case another consultant should be called to the conference or the first consultant should withdraw. However, since the consultant was employed by the patient in order that his opinion might be obtained, he should be permitted to state the result of his study of the case to the patient, or his next friend in the presence of the physician in charge.

**Consultant and Attendant**

Sec. 8.—When a physician has attended a case as a consultant, he should not become the attendant of the patient during that illness except with the consent of the physician who was in charge at the time of the consultation.

**Articles IV.—Duties of Physicians in Cases of Interference**

**Criticism to Be Avoided**

Sec. 4.—When a physician does succeed another physician in the charge of a case, he should not make comments on or insinuations regarding the practice of the one who preceded him. Such comments or insinuations tend to lower the esteem of the patient for the medical profession and so react against the critic.

**Emergency Cases**

Sec. 5.—When a physician is called in an emergency and finds that he has been sent for because the family attendant is not at hand, or when a physician is asked to see another physician's patient because of an aggravation of the disease, he should provide only for the patient's immediate need and should withdraw from the case on the arrival of the family physician after he has reported the condition found and the treatment administered.

When several physicians have been summoned in a case of sudden illness
or of accident, the first to arrive should be
considered the physician in charge. How-
ever, as soon as the exigencies of the case
permit, or on the arrival of the acknowl-
edged family attendant or the physician the
patient desires to serve him, the first physi-
cian should withdraw in favor of the chosen
attendant; should the patient or his family
wish some one other than the physician
known to be the family physician to take
charge of the case the patient should
permit, or on the arrival of the
physician should command the
gratuitous services of a physician. But
institutions
endowed by societies, and organizations for
mutual benefit, or for accident, sickness and
life insurance, or for analogous purposes,
should be accorded no such privileges.

A COLLEAGUE'S PATIENT

Sec. 7.—When a physician is requested
by a colleague to care for a patient during
his temporary absence, or when, because of
an emergency, he is asked to see a patient of
a colleague, the physician should treat the
patient in the same manner and with the
same delicacy as he would have one of his
own patients cared for under similar cir-
rcumstances. The patient should be return-
ed to the care of the attending physician
as soon as possible.

RELINQUISHING PATIENT TO REGULAR
ATTENDANT

Sec. 8.—When a physician is called to
the patient of another physician during the
enforced absence of that physician, the
patient should be relinquished on the return
of the latter.

SUBSTITUTING IN OBSTETRIC WORK

Sec. 9.—When a physician attends a
woman in labor in the absence of another
who has been engaged to attend, such physi-
cian should resign the patient to the one
first engaged, upon his arrival; the physi-
cian is entitled to compensation for the
professional services he may have rendered.

ARTICLE V.—DIFFERENCES BETWEEN
PHYSICIANS

ARBITRATION

Sec. 1.—Whenever there arises be-
 tween physicians a grave difference of
opinion which cannot be promptly adjusted,
the dispute should be referred for arbitra-
tion to a committee of impartial physicians,
preferably the Board of Censors of a com-
ponent county society of the American
Medical Association.

ARTICLE VI.—COMPENSATION

LIMITS OF GRATUITOUS SERVICE

Sec. 1.—The poverty of a patient
and the mutual professional obligation of
physicians should command the gratuitous
services of a physician. But institutes
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should bear their full part in enforcing its laws and sustaining the institutions that advance the interests of humanity. They should cooperate especially with the proper authorities in the administration of sanitary laws and regulations. They should be ready to counsel the public on subjects relating to sanitary police, public hygiene and legal medicine.

**PHYSICIANS SHOULD ENLIGHTEN PUBLIC—DUTIES IN EPIDEMICS**

**SEC. 2.**—Physicians, especially those engaged in public health work, should enlighten the public regarding quarantine regulations; on the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; and concerning measures for the prevention of epidemic and contagious diseases. When an epidemic prevails, a physician must continue his labors for the alleviation of suffering people, without regard to the risk to his own health or life or to financial return. At all times, it is the duty of the physician to notify the properly constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities of the locality in which the patient is.

**PUBLIC WARNED**

**SEC. 3.**—Physicians should warn the public against the devices practiced and the false pretensions made by charlatans which may cause injury to health and loss of life.

**PHARMACISTS**

**SEC. 4.**—By legitimate patronage, physicians should recognize and promote the profession of pharmacy; but any pharmacist, unless he be qualified as a physician, who assumes to prescribe for the sick, should be denied such countenance and support. Moreover, whenever a druggist or pharmacist dispenses deteriorated or adulterated drugs, or substitutes one remedy for another designated in a prescription, he thereby forfeits all claims to the favorable consideration of the public and physicians.

**CONCLUSION**

While the foregoing statements express in a general way the duty of the physician to his patients, to other members of the profession and to the profession at large, as well as of the profession to the public, it is not to be supposed that they cover the whole field of medical ethics, or that the physician is not under many duties and obligations besides those herein set forth. In a word, it is incumbent on the physician that under all conditions, his bearing toward patients, the public and fellow practitioners should be characterized by a gentlemanly deportment and that he constantly should behave toward others as he desires them to deal with him. Finally, these principles are primarily for the good of the public, and their enforcement should be conducted in such a manner as shall deserve and receive the endorsement of the community.